

**KENTUCKY BOARD OF NURSING**  
**312 Whittington Pky, Ste 300**  
**Louisville, KY 40222-5172**

**VERIFICATION OF ORIGINAL LICENSURE TO OTHER STATE BOARDS  
REQUEST FORM**

This form is to be completed by nurses who have or have held a Kentucky nursing license and/or advanced practice registration, and who are seeking licensure in another state or jurisdiction.

Complete the required data, and return this form with a check or money order in the amount of \$50 made payable to the Kentucky Board of Nursing.

Upon receipt of this request and the correct fee, a verification of your Kentucky nursing license(s) and ARNP registration will be sent to the state board you indicate in Box G (below). You must allow a minimum of 4 weeks for a verification of licensure report to be received by the indicated nursing board.

Should you have questions regarding this service, contact Lou Johnson at 502-429-3330 or 1-800-305-2042, Ext. 252, or you may reach her by email at [LouL.Johnson@ky.gov](mailto:LouL.Johnson@ky.gov).

A. APPLICANT'S FULL NAME (Last Name, First Name, Middle Name)	
B. OTHER NAMES USED	
C. SOCIAL SECURITY #	D. DATE OF BIRTH
E. KENTUCKY LICENSE # (If Known)	F. DATE OF ISSUE OF KENTUCKY LICENSE (If Known)
G. NAME OF NURSING BOARD TO RECEIVE THE VERIFICATION	
SIGNATURE	DATE